

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25492

1. PLACE OF DEATH

County Wright
Township Hartsville
City Hartsville

Registration District No. 906
Primary Registration District No. 4547

File No.
Registered No. 33
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oscau Floyd

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 17, 1910

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
22 7 28 = min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Homemaker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

10. NAME OF FATHER George William

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lizzie Cutbert

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT George Williams
(Address) Hartsville, Mo

15. FILED 7/18, 1933 Mabel Bear
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15, 1933

17. I HEREBY CERTIFY That I attended deceased from July 10th until I last saw him alive on July 15, 1933 and that death occurred, on the date stated above, at Hartsville, Mo

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis of Kidneys
(acute)

CONTRIBUTORY (SECONDARY) Uremia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 13
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. Murrell M. D.
, 19 (Address) Hartsville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Boon Brook DATE OF BURIAL July 16, 33

20. UNDERTAKER J. A. Steffe ADDRESS Manfield Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

X. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

